

5-29-2

GOV #1602



Docket No. A054US

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Applicant: Browning et al.

Serial No.: 09/767,370

Filing Date: 01/23/2001

For: Method For The High Level Expression of Active Lymphotoxin-Beta Receptor  
Immunoglobulin Chimeric Proteins and Their Purification

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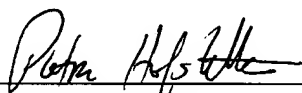
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|---|----------------------|------------------------|---------|
| <b>TRANSMITTAL FORM</b><br>(to be used for all correspondence after initial filing) | Application Number   | 09/767,370             |         |
|   | Filing Date          | 01/23/2001             |         |
|   | First Named Inventor | Browning, Jeffrey      |         |
|   | Group Art Unit       | 1642                   |         |
|   | Examiner Name        | Yaen, C.               |         |
| Total Number of Pages in This Submission  | 7                    | Attorney Docket Number | A054 US |

| ENCLOSURES (check all that apply)   |   |   |
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| <input checked="" type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached   | <input type="checkbox"/> Assignment Papers (for an Application)<br><input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Small Entity Statement<br><input type="checkbox"/> Request for Refund | <input type="checkbox"/> After Allowance Communication to Group<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below)<br>Certificate of Express Mailing |
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| <input type="checkbox"/> Response to Missing Parts/Incomplete Application<br><input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | Remarks<br>The Commissioner is hereby authorized to charge any additional fees to Deposit Account number 02-2327.   |   |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT |                                   |
|--|-----------------------------------|
| Firm or Individual name                    | Niki D. Cox, Esq. Reg. No. 42,446 |
| Signature                                  |                                   |
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